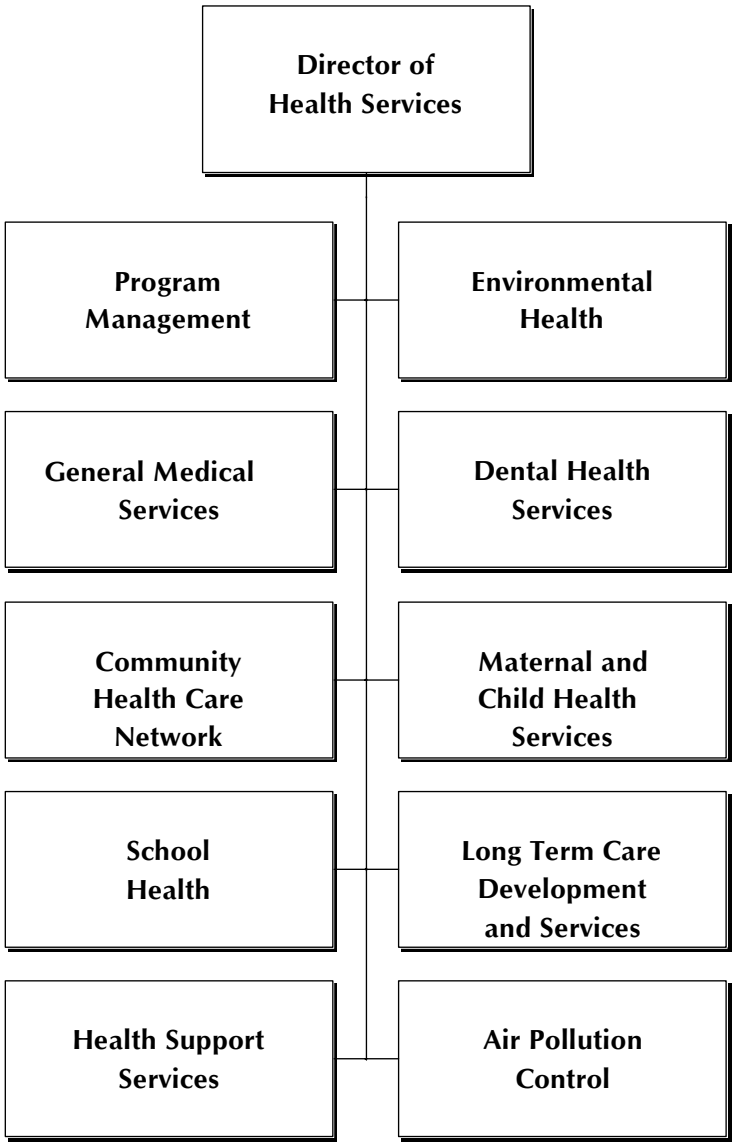
Health Department



Mission

Protect, promote and improve health and quality of life.

Focus

The Health Department has four core functions upon which service activities are based: the prevention of epidemics and the spread of disease, protecting the public against environmental hazards, promoting and encouraging healthy behaviors, and assuring the quality and accessibility of health services. The nationally adopted *Healthy People 2010* objectives guide the goals for many of the Health Department's services and are reflected in several of the performance measures.

In FY 1996, the Health Department became a locally administered agency. Prior to 1996, the department operated on a cooperative agreement with the state. The state maintains its effort in support of the Health Department by continuing to send state dollars to the locality based on a formula set by the General Assembly. For FY 2008, it is anticipated that the state will contribute a total of $9,246,949 in support of Health Department services.

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The Health Department's strategic plan, which incorporates input from the community, key stakeholders and staff, identified five strategic goals: preventing the spread of communicable disease, facilitating access to health services, employing and retaining a skilled and diverse workforce, harnessing technology to provide cost effective health services, and addressing growing needs and preparing for the future of health services. The work plan, completed in FY 2005, is reviewed and updated annually to guide Health Department services.

Preventing the Spread of Communicable Disease

Control of communicable diseases, a primary function, remains a continuous challenge. Communicable diseases are evidenced in the occurrence of food-borne outbreaks, the incidence of tuberculosis in the community, and the increase in the number of communicable disease illnesses reported to the Health Department that must be investigated. The Epidemiology/Bioterrorism Preparedness Unit has greatly enhanced the department's ability to monitor and identify trends for communicable diseases, food-borne illness complaints, and hospital conditions. The Unit has also been a key player in the development of the County's Pandemic Influenza Response Plan. Bioterrorism response capacity also remains an ongoing focus. The Medical Reserve Corps, now fully staffed, is 3,542 strong and growing, and it is publicly recognized as a model program in the United States. FY 2008 will be a year of on-going training, tabletop exercises, and continuous recruitment of new volunteers. In addition, the Chemical Hazard Response Unit, re-established during FY 2007, will further enhance the department's emergency response capability.

THINKING STRATEGICALLY

Strategic issues for the department include:

- Preventing and minimizing the impact of new and emerging communicable diseases and other health threats;
- Assessing community public health service needs and facilitating access to needed and/or mandated services;
- Employing and retaining a skilled productive workforce that mirrors the diversity of the community;
- Integrating and harnessing the use of proven technology to provide cost-effective health services; and,
- Addressing growing needs and preparing for the future of health care services.

Education on healthy behaviors continues to be an integral component of all the Health Department's communicable disease activities, including educating food handlers, teaching about HIV/AIDS, providing classroom instruction in the schools, and offering one-on-one teaching/counseling to new mothers and pregnant women. Throughout FY 2007 and into FY 2008, outreach will continue in order to educate minority and/or vulnerable populations on how to prepare themselves and their families in case of an emergency or pandemic.

In addition to communicable diseases, West Nile virus, which is transmitted from infected mosquitoes to humans, continues to be a public health concern. In FY 2007, the County's first case of human West Nile virus in two years was reported; however, no deaths occurred from this preventable illness. In late FY 2005, a tick surveillance system was initiated to monitor the presence of ticks that carry human disease pathogens.

Facilitating Access to Services

Due to a growing number of working poor in Fairfax County, demand for services continues to increase and exceed the current capacity of the County's health system. Maternity care increased by 13 percent over the past year, due to increases in the number of pregnancies; immunizations

increased by 22 percent, partially due to the increasing number of immunizations children are required to have; and tuberculosis services increased by 15 percent, due to the County's large and growing immigrant population. Collaborative efforts with other County agencies and nonprofit organizations continue to be the key in addressing the quality, availability, and accessibility of health care. Partnerships with the private sector and other County agencies are being cultivated to improve access. These partnerships include: Medical Care for the Unsheltered Homeless with the Department of Family Services, the Fairfax-Falls Church Community Services Board, Fairfax Area Christian Emergency and Transitional Services, New Hope Housing, Volunteers of America, United Community Ministries, Northern Virginia Dental Clinic and Reston Interfaith; Services for Late Stage Alzheimer Clients with the Alzheimer Family Center; and several other projects in development through the Long Term Care Coordinating Council (LTCCC).

The redesign of several services was completed in FY 2007 that resulted in improved resource utilization while enhancing customer service. A Total Quality Improvement Program is in place so that services are modified as issues are identified in the delivery system.

Employing and Retaining a Skilled and Diverse Workforce

The goal of the Health Department's initiative "Making Our Values Come Alive" is to have the department be known for its excellence in service and perceived by staff as the best place to work. The Recognition/Honors Award Program has undergone review and revision to incorporate the Health Department's values and the need for innovative ways to recognize staff. Workforce planning remains critical to the strategic goal of employing and retaining a skilled and diverse workforce; the highly competitive health professionals' employment market presents significant challenges to hiring and keeping qualified and experienced staff. In FY 2007, active participation in Employment Fairs, conducting open houses in satellite offices and more aggressive recruitment are actions initiated to meet the challenge of recruiting nurses. In addition, hiring and referral bonuses are now being offered for nurses. Succession planning continues with increasing emphasis as the number of retirees rises each year. In the coming three to five years, the Health Department expects to lose many individuals in senior management positions whose institutional knowledge is especially difficult to replace.

Integrating and Harnessing Technology

Integrating and harnessing the use of proven technology is a key strategic priority, with efforts refocused on maximizing existing technology that would improve the distribution of health information and facilitate community education about health-related issues. Timely, accurate information is now available on the Health Department's Web site to keep the community current on significant health events and provide information on emergency preparedness, hand washing, West Nile virus or other timely topics. Work is in progress to develop intranet capabilities for internal communications among staff, which will include committee reports, problem solving and the general sharing of information. Work continues on improving the technology used in day-to-day activities within Environmental Health. FIDO (Fairfax Inspection Data Base Online), a multi-agency software system being implemented in the County, is now in place for one section of Environmental Health and two more sections to come on line in FY 2007. When fully implemented, it is expected to greatly improve customer service, provide for a unified cross-agency approach to database management and improve efficiency. Environmental Health will also continue industry and community outreach activities, soliciting broad spectrum input for developing the process to measure the success of jurisdictions in meeting all of the FDA Voluntary National Retail Food Regulatory Program Standards.

Health Department

Addressing Growing Needs and Preparing for the Future

In late FY 2007, a comprehensive community health assessment will be initiated in partnership with the private health care community; this effort, which will take approximately three years, will produce a plan that can be used to guide the development of health care services into the future. The Health Department's strategic plan will then be updated to incorporate findings that are applicable to the public sector. In addition, the School Health Study, initiated in FY 2007, will provide recommendations for the staffing, services and future needs of School Health Services into the next decade. During FY 2007, a strategic relationship is being developed to restructure the health care safety net for low income, uninsured and underinsured individuals – in both public and non-profit services – in order to maximize resources, improve continuity of services, leverage additional non-County funding sources and prepare for the future of health care technology. Working towards having a community prepared for all types of emergencies will continue to be a major focus of this department. Outreach to Fairfax County's diverse and growing population is another priority. In FY 2007, the Health Department developed and implemented public awareness initiatives targeting underserved ethnically diverse populations to include offering culturally sensitive presentations, submitting articles to ethnically diverse print media, and participating as a speaker on a Korean TV network. In addition, the department hired bilingual staff and recruited bilingual volunteers to work in the Adult Day Health Care (ADHC) centers.

Budget and Staff Resources

Agency Summary

Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	597/ 525.73	597/ 525.73
Expenditures:		
Personnel Services	$29,504,130	$32,295,850
Operating Expenses	14,307,035	14,253,981
Capital Equipment	6,408	0
Subtotal	**$43,817,573**	**$46,549,831**
Less:		
Recovered Costs	($138,685)	($145,774)
Total Expenditures	**$43,678,888**	**$46,404,057**
Income/Revenue:		
Elderly Day Care Fees	$856,466	$884,528
Elderly Day Care Medicaid Services	169,650	165,567
Fairfax City Contract	957,992	1,004,679
Falls Church Health Department	193,666	172,233
Licenses, Permits, Fees	2,901,926	3,034,926
State Reimbursement	9,065,635	9,246,949
Air Pollution Grant	62,395	68,850
Total Income	**$14,207,730**	**$14,577,732**
Net Cost to the County	**$29,471,158**	**$31,826,325**

SUMMARY OF ALL AGENCY LOBS (FY 2008 Adopted Budget Data)

Number	LOB Title	Net LOB Cost	Number of Positions	LOB SYE
71-01	Environmental Health Programs	$2,414,460	71	71.00
71-02	Laboratory	$746,167	13	13.00
71-03	Pharmacy	$679,024	1	1.00
71-04	Maternal Health	$577,150	31	31.00
71-05	Child Health	$3,339,787	65	65.00
71-06	School Health	$8,037,708	256	185.23
71-07	Communicable Diseases	$3,082,119	76	75.50
71-08	Long Term Care Development and Services	$2,263,661	59	59.00
71-09	Community Health Care Network	$8,969,281	9	9.00
71-10	Dental Health	$323,956	4	4.00
71-11	Program Management	$1,093,166	9	9.00
71-12	Emergency Prepardness	$299,846	3	3.00
TOTAL		**$31,826,325**	**597**	**525.73**

LOBS SUMMARY

71-01: Environmental Health Programs

Fund/Agency: 001/71	Health Department
LOB #: 71-01	**Environmental Health Programs**
Personnel Services	$4,773,726
Operating Expenses	$734,506
Recovered Costs	($145,774)
Capital Equipment	$0
Total LOB Cost:	$5,362,458
Federal Revenue	$68,850
State Revenue	$1,849,390
User Fee Revenue	$794,376
Other Revenue	$235,382
Total Revenue:	$2,947,998
Net LOB Cost:	$2,414,460
Positions/SYE involved in the delivery of this LOB	71 / 71.0

▶ LOB Summary

The Code of Virginia Title 32.1 states that the General Assembly has determined that the protection, improvement, and preservation of the public health and of the environment are essential to the general welfare of the citizens of the Commonwealth. The Health Department is directed to provide a comprehensive program of preventative, curative, restorative, and environmental health services, educate the citizenry in health and environmental matters, and abate hazards and nuisances to the health and to the environment, both emergency and otherwise, thereby improving the quality of life. In Fairfax County this is accomplished via the mandated regulations governing Onsite

Sewage Disposal Systems, Private Well Water Supplies, Milk Plant Sanitation, Food Safety, Vector Control, Public Swimming Pool Safety, Childcare Facilities, Tourist Establishments, Tattoo Parlors, Massage Establishments, Campgrounds, Summer Camps, and the abatement of Health and Safety Menaces. The County also participates in a regional cost share agreement established by the Northern Virginia Planning District Commission to fund the Occoquan Water Monitoring Laboratory. The contract services with Virginia Tech were established at the direction of the Board of Supervisors in 1982. The Environmental Quality Advisory Council recommended continuous testing of the Occoquan Reservoir water source by resolution in 1982.

The Division of Environmental Health is structured with five major programs, as described below:

The Food Safety Section: Tasked with the enforcement of the Fairfax County *Food and Food Handling Code*, the Food Safety Section's primary concern are those violations identified by the Center for Disease Control and Prevention as risk factors that contribute to food borne illness. For routine monitoring of these risk factors, the Commonwealth of Virginia mandates that each public food establishment is, at a minimum, inspected at least once every six months. However, studies have shown that high risk establishments, (those with complex food preparation; cooking, cooling and reheating) which are approximately 50 percent of Fairfax County restaurants, are to be inspected at a greater frequency than low risk establishments (limited menu/handling) to reduce the incidence of food borne risk factors. FDA recommends that high risk establishments be inspected three times a year, moderate risk twice a year, and low risk once a year. The Food Safety Section has transitioned to a risk based inspection process during FY 2008. The Food Safety Section regulates approximately 3,150 food establishments within the Fairfax Health District. The Section also annually inspects and permits approximately 750 temporary food stands at festivals and carnivals during after hours and weekends. This equates to a staff ratio per establishment in Fairfax County of 1:207, compared to Arlington with 1:137 and Alexandria with 1:92. Food Safety Section activities are consistent with the County Strategic Vision Element 1, Maintaining Safe and Caring Communities.

Onsite Sewage & Water Section: Individual well water supplies and onsite sewage disposal systems are enforced under the Code of the County of Fairfax, *Private Water Well Ordinance* and the *Individual Sewage Disposal Facilities*. Presently, there are approximately 30,000 onsite sewage disposal systems and 15,000 water well supplies installed in the County. This Section permits, regulates, and inspects new system installations and repairs of malfunctions systems. During FY 2007 there were 725 repair permits and 343 new permit issued. This equates to a staff to service ratio of 1:890 to deal with installing new systems and repairing malfunctioning systems. In FY 2009, it is projected that 60 percent of out-of-compliance well water supplies and 90 percent of out-of-compliance sewage disposal systems will be corrected within 30-days. Correction of water well deficiencies and of problematic on-site sewage disposal systems can be highly complicated and expensive for the property owner, resulting in unavoidable delays in achieving full compliance. Temporary processes usually are available to eliminate health hazards while mitigation procedures are in process. Recent years have seen more in-fill development of housing as the County becomes more urbanized. Most in-fill development now utilizes non-traditional, alternative sewage disposal systems and technologies. Staff resources have transitioned from evaluating the installation of simple conventional sewage disposal systems in good soils to highly technical alternative sewage disposal systems installed in marginal to poor soils. Staff continue to be focused on the repair and replacement issues associated with the alternative systems and older traditional systems. The successful operation of systems is dependent upon an educated homeowner to follow strict maintenance protocols. These activities are consistent with Objective III of the Board's

Environmental Agenda concerning Water Quality, and County Strategic Vision Element 3, Practicing Environmental Stewardship.

Community Health & Safety Program: promotes community revitalization and improvement by actively supporting and participating in the Community Enforcement Strike Teams, Hoarding Task Force, Blight Abatement Program, and the SNBC effort. The Health Department plays a supporting role in resolving property maintenance issues and leads the hoarding taskforce. Citizen complaints involving health and safety menaces are aggressively investigated and resolved. This Section is responsible for eliminating serious health or safety hazards such as rodents, bedbugs, animal wastes, trash, and open pits. This section investigates approximately 2,500 complaints per year, which equates to a staff to complaint ratio of 1:357. In addition, this section permits, regulates, and inspects public establishments such as swimming pool facilities, tourist establishments, summer camps, campgrounds, tattoo parlors, and "religiously exempt" child care centers. This equates to a staff to establishment ratio of 1:141. The Environmental Health Specialist functions in a duel role by being both a teacher and a regulator. Inspectors will first try to educate the citizen, owner, or operator of unhealthy or unsafe conditions that need correction. If the conditions are not eliminated voluntarily, they will then pursue legal action.

In addition, staff continues to participate in the county Code Enforcement Strike Team effort established during FY 2007 and have been instrumental in correcting a number of health-related situations, including accumulations of trash, insect and rodent infestations, and the lack of adequate home sanitary facilities.

The Environmental Hazards Investigation Branch was established in the Health Department during FY 2007. The Section's purpose is to provide the Health Department with an internal unit to respond to environmental emergencies as well as provide technical assistance to the community in addressing such environmental hazards as lead, asbestos, radon, mold, and hazardous materials.

The Disease Carrying Insects Program: is working with the Metropolitan Washington Area Council of Governments and the Commonwealth of Virginia Department of Health to formulate a coordinated plan to respond to the Arboviral Diseases such as West Nile Virus. This program provides surveillance and control of the mosquito population. This is necessary to identify mosquito pools that may be infected with the West Nile Virus and to reduce the breeding of mosquitoes in high risk areas, such as the area surrounding nursing homes and extended care facilities or other highly populated areas.

The pilot tick surveillance program initiated in late FY 2005 was continued in FY 2007 in cooperation with other county agencies and the Virginia Department of Health. The objective of the pilot program is to understand the magnitude of tick-borne disease in the County and define the regions of greatest risk.

Air Quality Monitoring Program: staff are active participants in county and regional air quality planning through collaborative efforts with the Metropolitan Washington Area Council of Governments to reduce air pollutants so the region can meet the federal Clean Air Act standards. They also operate an air monitoring network following EPA protocol that is located in stations throughout the county. The data collected is analyzed and quality assured before being submitted to EPA's national air quality database. In addition, specialized air monitoring is conducted for several businesses in the county to ensure that they are meeting requirements specified in their permits to operate. Staff also reviews proposed projects for environmental impact and legislation to determine

if county support is appropriate. These activities are consistent with Objective II of the Board's Environmental Agenda concerning Air Quality and Transportation and County Strategic Vision Element 3, Practicing Environmental Stewardship.

During FY 2007, Fairfax County experienced seven exceedant days of the eight-hour ozone standard resulting in unhealthy ambient air conditions, which was a 63.6 percent reduction over FY 2006. This is the second full year under the new health-based more stringent eight-hour ozone standard that US EPA implemented after they revoked the one-hour ozone standard on June 15, 2005. The US EPA has designated the Metropolitan Washington Region, which includes Fairfax County, as being in moderate non-attainment of the eight-hour ozone standard. The region must initiate an aggressive air pollution control strategy to reduce air pollutant emissions. A State Implementation Plan with new control measures was submitted to EPA in June 2007 and compliance with the eight-hour National Ambient Air Quality Standard (NAAQS) for ozone must be demonstrated by June 2010. In 2004, the US EPA designated the Metropolitan Washington Region as non-attainment for fine particulates and a State Implementation Plan must be submitted to EPA in April 2008 with a demonstration of compliance by April 2010.

It should also be noted that the Health Department manages the Disease-Carrying Insects Program in Fund 116, Integrated Pest Management Program. The Disease-Carrying Insects Program focuses on controlling the spread of the West Nile virus and Lyme disease, as the prevention of epidemics and the spread of disease is one of the core functions of the Health Department. Please see the LOB for Fund 116 for additional information on this program.

▶ Method of Service Provision

Most services are provided directly by County Employees. Some monitoring, testing and special project services are contracted.

Staff resources are insufficient to keep pace with the increasing demands for services. The Division has experienced an approximately 35 percent turnover in staff in the past few years. Many qualified applicants are attracted to the positions through the recruitment process. Many are recent graduates who accept jobs, receive one year of training and move on to different careers or to other area health departments at higher salaries with significantly less work loads.

▶ Mandate Information

This Line of Business is federally or state mandated. The percentage of the Line of Business resources used to satisfy the mandate is 100 percent. See the January 2007 Mandate Study, pages 36 and 64 for specific state mandate and a brief description.

71-02: Laboratory

Fund/Agency: 001/71	*Health Department*
LOB #: 71-02	***Laboratory***
Personnel Services	$1,019,483
Operating Expenses	$461,586
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,481,069
Federal Revenue	$0
State Revenue	$369,878
User Fee Revenue	$317,948
Other Revenue	$47,076
Total Revenue:	$734,902
Net LOB Cost:	$746,167
Positions/SYE involved in the delivery of this LOB	13 / 13.0

▶ LOB Summary

The Health Department laboratory is the largest local health department laboratory in the Commonwealth of Virginia performing over a quarter million scientific tests annually in support of mandated state and federal programs. The laboratory's primary focus is providing communicable disease testing and environmental monitoring for the Health Department as mandated by Virginia Board of Health per the Code of Virginia Title 32.1-11 which states "…may formulate a program of environmental services, laboratory services, and preventive, curative and restorative medical care services."

The laboratory also serves other County agencies such as the Community Services Board, the Detention Centers, the Court System, and the Police Department to assist them in carrying out their programs in the prevention of disease and the enforcement of local ordinances, state laws, and federal regulations. The medical laboratory is certified under the Clinical Laboratory Improvement Amendments to test specimens for tuberculosis, enteric pathogens, intestinal parasites, sexually-transmitted diseases, HIV, and drugs of abuse. The environmental laboratory is certified by the Environmental Protection Agency as a "Certified Drinking Water Laboratory" and tests water for bacteria and environmental hazards from private wells, streams, and public water systems. The Food and Drug Administration certifies the laboratory for milk analysis.

The laboratory uses existing infrastructure, federal certifications, and staff to market selected laboratory tests on a "fee for service" basis to surrounding counties and municipal governments. Resulting revenues from water, substance abuse, and rabies testing significantly offset the cost of providing mandated laboratory testing for Fairfax County.

A recent accomplishment was the successful upgrade of the HIPAA compliant Laboratory Information System which uses the County network to link to secure County network printers for direct printing of laboratory results at sites throughout the County improving both turnaround time

and eliminating courier transport delays. In addition, over 50 healthcare providers and environmental health specialists were trained to access real-time laboratory results on-line.

A continuing focus of laboratory performance is control of average cost per test. The efficient use of a bar-code enabled Laboratory Information System linked with pre-existing County-owned printers and computers has allowed the laboratory to improve service delivery, improve customer satisfaction, and increase both testing volumes and testing revenues while maintaining the average cost per test despite escalating medical equipment and supply costs.

Public health laboratory services are required to support the Health Department's communicable disease and environmental health programs as well as other public programs in our community. The Health Department is currently in the process of building a new state-of-the-art public health laboratory through the cost-effective renovation of an existing County property. The project is approved in the Capital Improvement Plan. The new facility, scheduled for completion in 2009, will allow performance of new public health tests that depend on complex molecular technologies, will expand the range of testing that can be performed locally, and will position the laboratory to meet the challenges of the future.

Participants in laboratory services include County residents, County homeowners, and County business operators and their customers.

▶ Method of Service Provision

County employees perform testing at the main laboratory site and at specified times at each of the five Health Department District offices. The main laboratory operates from 8:00 a.m. to 5:00 p.m. daily. Service is also provided at sexually-transmitted disease clinics during clinic hours which may include evenings. The lab is partially staffed on Saturdays, Sundays and holidays to provide emergency rabies testing and to meet specialized testing requirements.

▶ Mandate Information

This LOB is indirectly federally or state mandated in that it provides mandated testing to mandated programs. See first paragraph of LOB summary. The percentage of this LOB's resources utilized to satisfy the mandate is 91-95 percent. See the *January 2007 Mandate Study,* reference page 35 for the specific state code and a brief description.

71-03: Pharmacy

Fund/Agency: 001/71	*Health Department*
LOB #: 71-03	***Pharmacy***
Personnel Services	$141,440
Operating Expenses	$657,150
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$798,590
Federal Revenue	$0
State Revenue	$92,469
User Fee Revenue	$15,328
Other Revenue	$11,769
Total Revenue:	$119,566
Net LOB Cost:	$679,024
Positions/SYE involved in the delivery of this LOB	1 / 1.0

▶ LOB Summary

The pharmacy provides support for all clinical services of the agency and facilitates procurement of selected vaccines/pharmaceuticals for the Community Health Care Network. It functions in coordination with the Pharmacy Division of the Virginia Department of Health and utilizes state/federal contracts for procurement of biologics and vaccines. It obtains stock supplies and prepares unit dose packaged medications for use in clinics. Individual patient prescriptions are filled and forwarded to the appropriate site. In 2006, the pharmacy assumed the responsibility for dispensing medications approved by the State ADAP program and individuals eligible for this program may pick up the medications from the pharmacy.

▶ Method of Service Provision

The central pharmacy orders, receives and distributes all medications/vaccines utilized by the five clinical sites. Medications/biologic stock levels are established for each site and are refurbished monthly.

The pharmacist visits each site quarterly to conduct the vaccine inventory and monthly/bi-monthly to assure compliance of medication/biologic handling regulations. During these visits any outdated (or soon to be outdated) biologics/medications are removed and returned to the central pharmacy; such items are subsequently returned to the appropriate vendor for credit.

The pharmacist is responsible for assuring that the agency remains in compliance with all Board of Pharmacy rules and regulations.

▶ Mandate Information

There is no federal or state mandate for this service. However, it is essential support to all the agency's mandated clinical services. If not available locally, all prescriptions would have to be filled by the State pharmacy in Richmond and mailed to Fairfax for distribution to patients.

71-04: Maternal Health

Fund/Agency: 001/71	*Health Department*
LOB #: 71-04	***Maternal Health***
Personnel Services	$2,017,474
Operating Expenses	$198,331
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$2,215,805
Federal Revenue	$0
State Revenue	$1,387,043
User Fee Revenue	$75,073
Other Revenue	$176,539
Total Revenue:	$1,638,655
Net LOB Cost:	$577,150
Positions/SYE involved in the delivery of this LOB	31 / 31.0
Grant Positions/SYE involved in the delivery of this LOB	3 / 3.0

▶ LOB Summary

The Maternal Health Program provides pregnancy testing and follow-up, prenatal care, health education, anticipatory guidance and case management to low-income pregnant women in an effort to improve pregnancy outcome and reduce infant morbidity and mortality. Early and continuous prenatal care is critical to improving outcomes.

The population served in the maternity program is culturally diverse, mirroring the population shifts in the county demographics. This diversity poses special challenges in the provision of health care. Language and ability to communicate are a major concern. In addition, unique cultural and religious beliefs have an impact on how care is given and received.

Pregnancy Testing - is offered in an effort to educate and counsel clients regarding the importance of early prenatal care and/or family planning services. Pregnancy testing is provided regardless of income to clients for a flat fee of $6.00. In FY 2007 the Health Department performed 5,755 pregnancy tests representing a 15 percent increase over the previous year. Positive pregnancy tests accounted for 80 percent (4,604) of tests performed.

Maternity Program – are provided in collaboration with Inova Fairfax Hospital. Maternity clients are seen through their 2nd trimester by the Health Department and are transferred to Inova Fairfax Hospital for 3rd trimester care and delivery. The target population is the medically indigent and

services are provided on a sliding scale fee basis. Clients receive medical management, health education, anticipatory guidance, and referral to other community resources.

The Health Department served 2,653 pregnant women in FY 2007 up slightly from the previous year. Maternity clinic visits totaled 9,608 for FY 2007. The goal of the Maternity Program is to maintain the low birth weight (LBW) for all Health Department clients at 4.8 percent or below. The LBW rate for Health Department clients in FY 2007 was 4.6 percent, comparing favorably to the overall County rate of 6.4 percent.

Maternity Case Management Services – are offered to clients who are at risk for poor pregnancy outcome due to medical and/or psychosocial issues (e.g., multiple births, teenager, substance abuse, homelessness, etc.). Case management services are also offered to clients at risk during the post partum period. The Health Department provided Maternity case management services to a total of 600 maternity clients in FY 2007.

Saving Babies Initiative - In the spring of 2007, The Fairfax County Health Department (FCHD) responded to the "Request for Results" made by the Virginia Department of Health (VDH) to reduce the number of babies who die in the first year of life over the next two years. Fairfax County was awarded $100,000 by VDH to implement the Saving Babies Initiative. The Health Department created the Saving Babies Coalition in order to develop intervention strategies that will be community-based, collaborative in nature, evidence-based and self sustaining. The Health Department initiated outreach efforts to the network of existing organizations in Fairfax County committed to promoting positive pregnancy outcomes. Current members of the coalition include but are not limited to the March of Dimes, the Northern Virginia Perinatal Council, the Fetal and Infant Mortality Review (FIMR) Program, and Fairfax County Public Schools.

The two leading causes of infant death are premature birth/low birth weight and congenital anomalies. The Saving Babies Initiative will therefore focus on preventing these primary causes of infant death via two modalities; Community Outreach and Education and a Social Marketing Campaign. Each of the two activities will have a dual focus; a focus on higher risk sub-populations and a focus on all women of child bearing age, regardless of their risk status. Even though the Saving Babies Initiative is time limited, the goal is to implement self-sustaining initiatives that will have a positive effect on pregnancy outcome in the county.

▶ Method of Service Provision

Pregnancy Testing – Health Department public health nurses provide testing five days a week on a walk-in basis or appointment basis Monday through Friday from 8:00 a.m. – 4:30 p.m. at all five Health Department locations.

Maternity Services – Health Department professionals provide maternity services in clinic and the field. The services are by appointment only and are offered every week at four of the Health Department locations. Clients are referred at 26 weeks to Inova Fairfax Hospital OB Clinic for 3rd trimester care and delivery. Each new maternity client receives a medical and psychosocial assessment by a public health nurse to determine the need for on-going case management. In addition, a home visit is made after delivery to each mother and infant to assess health status and to assure that the mother and the infant have a medical home for routine medical care. When indicated, maternity and post partum case management services are provided in the home, by public health nurses, to at-risk and high-risk clients.

Saving Babies Initiative -The Health Department created a coalition with community partners to develop a two pronged plan to promote positive pregnancy outcome and reduce infant mortality in Fairfax County. The plan consists of a social marketing plan and an education outreach plan. The social marketing plan will focus on two messages namely: that taking folic acid before pregnancy can reduce the risk of neural tube defects; and that knowing the signs and symptoms of preterm labor and responding appropriately can reduce the risk of premature birth. A train-the-trainer program will be implemented to train public health nurses and other service providers to provide outreach and education programs to Fairfax County employees, Fairfax County Public School employees and target populations with the county.

▶ Mandate Information

Maternity Services – Services within this LOB are state mandated. 90 percent of the expenditures for the mandated services within this LOB are covered by user fees and state revenue. The percentage of this LOB's resources utilized to satisfy the mandate is 70 percent. See the *January 2007 Mandate Study,* reference page 34 for the specific state code and a brief description.

71-05: Child Health

Fund/Agency: 001/71	*Health Department*
LOB #: 71-05	***Child Health***
Personnel Services	$4,923,517
Operating Expenses	$430,435
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$5,353,952
Federal Revenue	$0
State Revenue	$1,664,451
User Fee Revenue	$137,870
Other Revenue	$211,844
Total Revenue:	$2,014,165
Net LOB Cost:	$3,339,787
Positions/SYE involved in the delivery of this LOB	65 / 65.0
Grant Positions/SYE involved in the delivery of this LOB	22 / 22.0

▶ LOB Summary

Child Health services provide preventive health programs to infants and children in an effort to reduce mortality and morbidity, prevent potentially handicapping conditions through early intervention, and increase childhood immunization levels to reduce vaccine preventable diseases. Programs under Child Health services include Childhood Immunizations, Health Families Fairfax (HFF), Infant/Preschool Case Management, Infant Development Program, Speech and Hearing, and Women, Infants and Children (WIC).

The population served in the Child Health program is becoming more culturally diverse, mirroring the changes in the County. This diversity poses special challenges in the provision of health care.

Language and the ability to communicate are a major concern. In addition, unique cultural and religious beliefs impact the way care is given and received.

Immunization Services – Immunization services include the giving of childhood vaccines and the provision of community education and outreach. The goal of this program, based on the Healthy People Year 2010 Goal, is to achieve a 90 percent immunization completion rate for two year olds. The completion rate increased from 58 percent in 1992 to 77 percent in 2007. A State grant supports this effort through the *Fairfax County Immunization Action Plan (IAP)*, a collaborative effort of health, social, and community-based agencies dedicated to promoting a healthier future for children in the County. The IAP provides targeted education and outreach, laying the foundation for achieving the Healthy People 2010 goal of having 90 percent of children adequately immunized by their second birthday. In FY2007 the Health Department saw 20,946 children slightly less than the number of children seen in the previous year (21,920). Even though the number of children seen in FY 2007 was slightly less than those seen in FY 2006 the number of immunizations given in FY 2007 was significantly higher at 44,775 than those given in FY 2006 (39,762) because of new immunizations required for school entry.

Healthy Families Fairfax (HFF) – Healthy Families Fairfax is a comprehensive program offering voluntary, in-home education and support services to first-time parents at risk for child abuse and neglect. HFF is a partnership between the Health Department, Department of Family Services and three non-profit organizations, Northern Virginia Family Services, Reston Interfaith, Inc., and UCM – Community Solutions. The agencies work in partnership to provide intensive home visitation and comprehensive support services to first time parents at risk of child abuse and neglect. Services are initiated during the prenatal period or within three months of birth. The Health Department screens and refers all women attending maternity clinic. In addition, this program also receives referrals from other community agencies.

The HFF program targets first-time parents of children born in this county who are not parenting any other children (families who have children living in other countries, however are accepted into the program if they are pregnant with their first child to be born in the United States).

During FY 2007 HFF screened 1,398 first-time pregnant mothers and 1,286 screens were positive. Women who screen positive are offered a comprehensive assessment. The total number of families enrolled and served in the program during FY 2007 is 638.

Infant/Preschool Case Management– The Infant/Preschool Case Management program provides monitoring, teaching and guidance to families in an effort to improve health outcomes and maximize each child's potential. All infants born to women who received maternity care through the Health Department receive a home visit to assess the health status of the baby, and assure that the infant has a medical home for ongoing care. In addition, based on medical and or psychosocial information, an assessment is made regarding the need for ongoing case management (e.g., failure to thrive, prematurity, teen parent). The Health Department also receives referrals from social workers and other community agencies. In FY 2007, one hundred and ninety (190) infants/children received case management.

Infant Development Program –The Infant Development program is part of a continuum of Early Intervention Services. Infants who are at risk for developmental delays, but are not eligible for services under the Community Services Board's Early Intervention Program (EIP), receive ongoing evaluation, home intervention, and support in an effort to maintain and/or improve developmental

status. Referral to EIP is made if the status changes and the child is found eligible for services. In FY 2007, one hundred and sixty (160) infants received services through this program.

Speech and Hearing

Speech and Hearing services promote health and functional, effective communication skills in children and adults. The Speech and Hearing Department provides speech, language and hearing services in the clinic and community setting. Early identification and prevention is a core function of the department and as a result there is a strong outreach program. The department provides screenings in the community at preschools, adult day care centers, nursing homes and community fairs. This community screening program has identified children, with either speech or hearing challenges or both, who might not have been identified otherwise. In addition to identification and the treatment of communication disorders, the clinic also has a community education program with speech therapists and audiologists speaking to numerous community groups/organizations.

The speech and language component has been very effective in addressing language disorders. The performance measure for this unit is that 75 percent of those clients who remain in service are discharged as corrected, no further follow-up needed. In FY 2007, the unit exceeded this goal by 7 percent, discharging 82 percent of the client base as corrected.

The speech unit provides services only to those children who do not qualify for Fairfax County Public School services and therefore serves children who might not other wise receive speech services. In addition, the clinic provides services to children with Medicaid as speech providers who take Medicaid are extraordinary difficult to locate in Fairfax County.

In addition to therapy for children, the speech clinic maintains and conducts stroke survivor support groups. There are two groups, one in Fairfax City at the Joseph Willard Health Center, and the other at the Hollin Hall Senior Center in Mount Vernon. The groups address language, social, and over all communication concerns.

The hearing or audiology department is strongly invested in both infant and older adult populations. The audiology clinic is a listed provider in the Virginia Department of Health's infant screening program and provides hearing assessments for the Infant Toddler Connection, the County's federal and state mandated early intervention program.

In similar fashion to the speech component, the audiology unit provides service to Medicaid patients and sees a large number of elderly patients who might have difficulty accessing hearing services. The program is hoping to expand to providing hearing aid services as it has been determined that there are no Medicaid providers in Fairfax County for hearing aid services. Fairfax County residents must go to providers outside of the jurisdiction (i.e. Arlington, Prince William) to receive services.

The continually rising number of children identified with early intervention needs, particularly children diagnosed with autism, will fuel an increased need for both speech and hearing services. In response, the department has increased the availability of speech services to children with autism in the county. Also, the predicted increase in our aging population will require additional speech and hearing services. (e.g. According to the Long Term Care Task Force Report 2002, it is estimated that in the year 2010 there will be 187,378 people in this group representing 16.8 percent of the County's population.)

The Speech and Hearing department serves as a vital part of the Health Department's strategic plan initiative to "Assess community public service needs and facilitate access to needed and/or mandated services."

Women, Infants and Children (WIC) Program – WIC is a special supplemental short-term nutrition program for women, infants and children designed to influence nutritional status and promote healthy behaviors. The program targets pregnant, breastfeeding, and post partum women, infants and children less than five years of age. WIC provides education and vouchers for nutritious foods that are rich in protein, iron, calcium and vitamins A and C to supplement the dietary needs. The WIC program served 14,651 women, infants and children in FY 2007. Based on a survey 97 percent of WIC clients responded that they increased their knowledge about nutrition as a result of their participation in the program.

Obesity (New Initiative) – Although one of the national health objectives for the Year 2010 is to reduce the prevalence of obesity among adults to less than 15 percent, current data shows that the situation is worsening rather than improving (Source: CDC, 2007). Obesity is a complex problem that requires a multi-faceted, multi-disciplinary approach to prevention efforts. To that end, the Fairfax Health Department is spearheading the development of a comprehensive, coordinated approach to healthy lifestyle and healthy weight promotion that builds on the County's Prevention Strategy Team platform; capitalizes on existing programs in the schools, Parks & Recreation, Health Department, the health care system and other non-profit organizations; and ensures that all relevant stakeholders participate. Developing such a consortium of stakeholders from diverse segments of the community will synergize ongoing obesity prevention efforts by increasing awareness and the linkage of existing programs within the community; providing a forum for evaluating existing programs, identifying gaps and creating consistent core prevention messages for the Fairfax community. Through the consortium, a system for gathering data in the county can be developed (which currently does not exist) for planning and evaluation purposes and for supporting policy recommendations to the Board of Supervisors. The Fairfax Healthy Weight initiative is part of a larger effort within the National capital regions to reverse the upward trend of childhood obesity and overweight which includes efforts in Fairfax County to develop a wellness program, Northern Virginia's Tipping the Scales for Healthy Weight collaborative and the Council of Government's initiative on obesity prevention.

▶ Method of Service Provision

Immunizations Services – are provided by public health nurses at all five Health Department locations either on a walk-in or appointment basis Monday through Friday. The Health Department offers early morning and evening hours at least once a week. Currently the *Immunization Action Plan Grant* is entering its ninth year of operation. Grant funds support one limited-term public health nurse and two limited-term outreach workers and related outreach and educational materials.

Healthy Families Fairfax (HHF) Services – are provided by an interdisciplinary team to clients in their home generally during the hours of 8:00 a.m. – 4:30 p.m. Monday through Friday. However, based on family needs, visits can be made before and after core business hours. The program has five HFF teams to serve families throughout the entire county. Each team is comprised of two to five family support workers (FSWs), their supervisor (hired by the nonprofit agencies), a Department of Family Services social worker and family resource specialists (FRSs)/public health nurses from the Health Department. The role of the public health nurse is to assess families for service, administer caretaker/child interaction assessments, provide developmental screening

assessments, and provide medical case management to high-risk children.

Infant/Preschool Case Management – is provided by public health nurses in the clinic, home and community setting. Services are generally provided during the hours of 8:00 a.m. – 4:30 p.m. Monday through Friday. However, based on family needs, visits can be made before and after core business hours.

Infant Development Services – are provided by an interdisciplinary team (public health nurse, pediatrician, and physical therapist) in the clinic, home and community setting. Services are generally provided during the hours of 8:00 a.m. – 4:30 p.m. Monday through Friday. However, based on family needs, visits can be made before and after core business hours.

Speech and Hearing - Services are provided on a clinic outpatient basis with the exception of community identification and education programs. Services including diagnostic evaluation and treatment are provided by a speech pathologist, audiologist and/or physical therapist, at three locations, Herndon, Fairfax, and Mount Vernon.

Women, Infants and Children Services (WIC) – are provided in all five Health Department locations. WIC services are also provided in additional community-based sites. All participants receive food vouchers and case-specific nutrition education every 1-3 months from a qualified and certified nutritionist.

▶ Mandate Information

Child Health Services – Some of the services within this LOB are state mandated. Eighty-two per cent of the expenditures *for the mandated services* within this LOB are covered by user fees and state revenue. The percentage of this LOB's resources used to satisfy this mandate is 40 percent. See the *January 2007 Mandate Study,* reference page 35 for the specific state code and a brief description.

71-06: School Health

Fund/Agency: 001/71	*Health Department*
LOB #: 71-06	***School Health***
Personnel Services	$9,033,835
Operating Expenses	$880,168
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$9,914,003
Federal Revenue	$0
State Revenue	$1,664,451
User Fee Revenue	$0
Other Revenue	$211,844
Total Revenue:	$1,876,295
Net LOB Cost:	$8,037,708
Positions/SYE involved in the delivery of this LOB	256 / 185.23

▶ LOB Summary

The School Health Program operates in collaboration with the Fairfax County Public Schools (FCPS) to provide health services to students and consultation, training and collaboration to FCPS administrators and staff. The School Health Program provides prevention services, education and training, emergency care, referral and case management of acute and chronic health conditions, case management of pregnant teens and the surveillance of potential communicable disease situations. In addition to public health nursing services and school site clinic services, the program also provides medical consultation (physician) to FCPS in a variety of health related areas.

The School Health Program goal is to maximize the health potential of school-age children by providing health support services in the school setting. The School Health Program promotes child health to enhance the educational development of students and to support students in a safe environment ready to learn and to maximize the learning opportunity. The program, as administered by the Health Department, differs from those school health programs that are administered by a local school board. Public health nurses (PHNs) provide public health nursing services to 189 FCPS sites including two center based programs for students with multiple health needs. Additionally, a clinic room aide (CRA) is on site at each school to provide direct services to students. These services include care of the sick and injured student, facilitation of medications and hearing and vision screening. In school year (SY) 2006-2007, over 4,000 students were seen in the school clinics each day, over 930 medications were given each day and over 65,000 students in grades K,3,7,and 10 were screened for vision and hearing defects.

FCPS enrollment for SY 2007-2008 was projected to be 164,832 students. Each PHN provides services to an average of 3,000 students. The students range in age from 2-21 years old and represent the diversity and rich culture of Fairfax County. Many families are non-English speaking at home. Many families do not have a medical plan for their children and face challenges accessing health care.

Nurses work with families to link them to health resources in the community. Nurses provide services to students with identified health conditions such as asthma, allergies, heart disease, seizure disorder, diabetes and others significant chronic conditions. Nurses develop health care plans for students who will need specific support to meet health care needs during the school day. The objective is to develop a health care plan and provide the training associated with its implementation within five days of notification. This allows the student to enter school in a short period of time. The challenge for the nurse involves bringing together professionals and family members (FCPS staff, the family, the doctor, the therapists, etc.) to achieve the 5 day goal. In SY 2006-2007, there were a total of 44,285 students on the Medical Flag list. These students all required a health care plan to be in place prior to coming to school. Some care plans are standard and require routine attention each school year while others require intense assessment and planning for implementation. Students with health care plans in place represent over 25 percent of the student population in any given school year. The nurses train the FCPS staff in all technologies and procedures that enable students to attend school in the least restrictive environment in accordance with federal mandates.

The nurses participate in collaborative planning such as Individual Educational Plans (IEP) and Child Specific Teams (CST). Nurses investigate incidences of communicable disease in the school community and track and monitor immunization compliance of the students. They routinely provide counseling and education for teens at risk for unhealthy behaviors. In addition, they are involved

with new initiatives to prevent childhood obesity and to address violent behaviors such as bullying and gang involvement in the school age child.

The School Health Program provides support and case management for the FCPS Medically Fragile Program. This program reviews and makes recommendations on an individual basis for students to receive continuous duty skilled nursing services during the school day. At the beginning of SY 2007-2008 there were 16 students enrolled in the program.

The School Health Program strives to be responsive to families, the community and the FCPS. On several occasions, 1993, 1999, and 2002, County task forces were established to address operational and planning issues to improve the school health program. In July 2007, the Fairfax County Health Department (FCHD) in collaboration with George Mason University Department of Health Administration and Policy undertook an in depth study of the School Health program. Recommendations from the study will provide a foundation to strengthen the relationship between the FCHD and FCPS. The recommendations will create a ten year strategic plan (2008-2017) for the school health services in Fairfax County.

▶ Method of Service Provision

School health services are provided by county funded employees. Public health nurses (PHNs) provide nursing services to 189 FCPS sites including two center based programs for students with multiple health needs. Additionally, a clinic room aide (CRA) is on site at each school to provide direct services to students. The services extend beyond the academic year to the FCPS summer school programs and to Fairfax County community summer programs such as Community Recreation, Rec-Pac, and Road Dawg Camps with the Fairfax County Police Department and Department of Recreation. In summer of 2007, public health nurses, in the School Health Program, provided support to 66,000 students at 140 summer school or county sites.

The program provides support and consultation to FCPS for the Medically Fragile Program. This program identifies and makes recommendations for nursing services to medically fragile students. The monetary support and case management for this program is county funded through the school health program.

Additionally, the school health program routinely provides consultative services to private schools and Day Care centers.

▶ Mandate Information

There is no federal or state mandate for the school health program LOB.

71-07: Communicable Diseases

Fund/Agency: 001/71	*Health Department*
LOB #: 71-07	***Communicable Diseases***
Personnel Services	$5,328,796
Operating Expenses	$859,351
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$6,188,147
Federal Revenue	$0
State Revenue	$1,849,390
User Fee Revenue	$1,021,256
Other Revenue	$235,382
Total Revenue:	$3,106,028
Net LOB Cost:	$3,082,119
Positions/SYE involved in the delivery of this LOB	76 / 75.5
Grant Positions/SYE involved in the delivery of this LOB	2 / 2.0

▶ LOB Summary

The purpose of the Communicable Disease (CD) Program is to prevent and reduce illness and death in the community from communicable diseases of public health significance and public health threat. This is accomplished by provision of health promotion and prevention information, identifying illness, investigating causes, providing on-going disease surveillance and recommending actions to prevent transmission and spread. These diseases include tuberculosis (TB), sexually transmitted disease (STD), HIV/AIDS, foodborne and other communicable illness, emerging infectious diseases and bioterrorist agents. The goal of the CD Program is consistent with the Health Department Strategic Plan initiative to promote and protect the public health. CD is a core public health function and the provision of services is defined in accordance with the Virginia State Board of Health.

As background, since September 11, 2001 and the subsequent Anthrax attacks, the role of public health has broadened greatly in scope and definition. Local public health departments are now considered first responders to situations considered a public health threat (i.e., SARS, pandemic flu, or the release of a bioterrorist agent such as plague, anthrax, or smallpox). Additionally, enhanced 24/7 syndromic disease surveillance, better adherence by the private medical community to disease reporting, and a heightened awareness and increased knowledge of emerging infections diseases, has led to an increase in the number of communicable diseases reported and investigated. Since 2001, this expanded scope of communicable disease work necessitated the reorganization of the Health Department's CD Program with the subsequent development of a centralized CD Unit.

The CD Program is organized into the following program areas for ease of understanding. A general description of the population served, as well as specific accomplishments/services provided are included under each section below.

Communicable Disease/ Epidemiology

Communicable disease outbreak situations require a rapid, labor intensive response, often involve a surge of staff from other program areas and may affect any number of individuals of all ages in our community and surrounding jurisdictions. Additionally, the response to an outbreak often requires the involvement of other public health and community partners. In FY 2007, 2,413 cases of reportable communicable diseases were investigated, which included 404 cases associated with 18 separate outbreak situations. The number of CD investigations during FY 2006, was 20 percent greater than expected, continuing the trend of more CD investigations in each successive year surpassing current/future estimates. The CD investigation number does not include the 2,195 seasonal influenza cases tracked and reported to the Virginia Department of Health during the FY 2006 influenza season. Additionally, from January 2007 through September 2007, health promotion and prevention educational sessions were provided to over 60 high risk facilities that had previous outbreaks or were referred to the CD Unit by the Food Safety Section of the Health Department.

Sexually Transmitted Diseases (STD's)

The goal of the STD program is to prevent the spread of the diseases transmitted sexually in the community. Services include testing, counseling, diagnosis and treatment, partner notification and counseling, referral services, epidemiological investigation of priority STDs and educational activities focusing on prevention.

All STD clinics are confidential, free of charge, open to the public and provided at all five clinic locations. During FY 2007, 5,025 visits were made at our Health Department STD clinics for counseling, evaluation and treatment of STD's; 94 percent of those individuals were between the ages of 18 and 64.

HIV/AIDS Program

The goal of the HIV program is to prevent the spread of the virus in the community by identifying HIV infection through testing and counseling, providing linkage to treatment and other support services, and taking actions to prevent the spread of disease. The Health Department provides a range of free services and is open to the general public. Services include testing and counseling (both anonymous and confidential), referral to other support services, partner notification and counseling. HIV/AIDS Education Prevention Programs are available to all County residents; however, County employees, adolescents, young adults, minorities and individuals with high-risk behaviors primarily attend education prevention programs. Additionally, the Health Department administers the AIDS Drug Assistance Program (ADAP), providing medication to individuals infected with HIV that meet federal requirements for program enrollment.

During FY 2007, 7,525 individuals received HIV testing from the Health Department, and 280 individuals participated in the AIDS Drug Assistance Program (ADAP). Individuals enrolled in ADAP are primarily between the ages of 20 and 40 years old. The HIV Prevention Education Program provided 403 educational sessions to 5,987 high risk youth, adults and County employees.

Tuberculosis Control (TB) Program

The goal of the TB Control Program is to prevent the spread of tuberculosis in the community by identifying illness, providing treatment, and taking actions to prevent the spread of disease. The Health Department provides for the diagnosis and treatment of TB disease and infection through clinical services and case management. This is accomplished through physician diagnosis and treatment for TB disease, providing medications, chest x-rays and respiratory diagnostics, Directly

Observed Therapy (DOT) and careful oversight of disease treatment through case management and expert physician consult. Approximately 50 percent of individuals treated for TB disease receive their medical care through private physicians, who receive consultation and guidance related to medical care from the Health Department's TB physician consultant. In addition to treatment, screening services to identify individuals at risk of developing tuberculosis are provided.

During CY 2006, 120 individuals were treated by the Health Department and/or private providers for active tuberculosis; 14,909 individuals sought screening, treatment and case management for tuberculosis; and over 7,000 visits were made by outreach workers and public health nurses to provide DOT to client with active TB. This program serves a diverse population of predominately foreign born adults and children.

In Virginia in 2006, 332 cases of TB were reported. For Virginia as a whole, this represents a 6.5 percent decrease in cases reported compared to 2005. In Fairfax County, 120 TB cases were reported in 2006, representing a 29 percent *increase* from the number of cases reported in 2005. However, the steady increase in the population of Fairfax County had resulted in a stable TB case rate of 8.9/100,000 population. Fairfax County still accounts for 36 percent of Virginia's TB cases. Fairfax statistics are included by Virginia as part of the Northern Region, which in 2006 collectively accounted for 59.9 percent of the Commonwealth's TB cases.

Adult/International Travel Vaccinations

Adult vaccinations and counseling are provided for a flat fee to the general public at the five Health Department District Offices. Over 19,000 adult vaccines were given during FY 2007 for adults in need of preventative vaccination, as well as individuals preparing for business trips, vacations abroad, college entry and return visits to native countries. As we become more and more globally transient, the potential for the rapid and efficient spread of infectious diseases increases. Therefore, the provision of vaccinations to prevent the acquisition and spread of communicable illness becomes a vital link to the protection of the public's health.

Refugees Health Services

The goal of the Refugee Health Program is to provide health services to individuals entering the country as refugees, asylees and immigrants and prevent the spread of communicable disease. Services for adults and children include an initial health assessment, provision of vaccinations, screening for communicable illness to include TB and STDs, referrals to other services such as primary health care, mental health/substance abuse services, family planning, WIC, and pre-natal care. During FY 2007, 432 refugees and immigrants were provided services at our five Health Department clinics. The largest number of individuals receiving refugee services arrived in the United States from Somalia, Ethiopia and Iran.

Homeless Medical Services Program

Public health nurses (PHNs) and nurse practitioners (NPs) have provided medical services to homeless shelter residents at the County's five homeless shelters for the past 15 years. The Katherine K. Hanley Shelter Family Shelter, which opened in August 2007, represents a new service site for the Health Department. Health services offered include: (1) immunizations and connection to primary care providers; (2) communicable disease follow-up and referral to existing Health Department and community services; (3) physical exams; (4) care of acute infections; and (5) health teaching and promotion. During FY 2007, the PHNs and NPs assigned to the shelter provided an initial service to 711 clients and a return service to 249 clients.

In addition to providing health promotion and prevention services at the shelters, the Health Department also coordinates two cross-agency initiatives.

The Medical Respite Program

The Homeless Medical Respite Program provides a stable environment for homeless individuals with medical needs while recovering from injuries or illness (e.g., recent hospitalization). During the first year of the program, 31 unduplicated persons were admitted to the Medical Respite Program for an average stay of 35 days. The severity of participants' symptoms was measured at entry and exit from the program, with the majority of patients experiencing one or more improvements in their medical conditions.

The Homeless Healthcare Program (HHP)

The Homeless Healthcare Program provides outreach to the unsheltered homeless. Four mobile medical teams, comprised of nurse practitioners (medical and psychiatric), outreach workers, and mental/substance abuse outreach workers, in addition to one part-time psychiatrist, are dispatched to areas of the county where the unsheltered homeless live (e.g., in cars, in the woods or on the streets). After assessing each client, teams provide physical and behavioral health care, as well as referral and transportation to medical care, mental health, alcohol and drug services and dental resources.

Unsheltered individuals are offered the opportunity to enroll in *existing* County programs, be they emergency shelters, alcohol and substance abuse treatment, Community Health Care Network (CHCN), and/or mental health counseling. Individuals are also afforded the opportunity to enroll in the dental and/or denture programs created and funded specifically for this program. During the first nine months of the program (1/1/07-9/30/07) 629 unsheltered clients received health services from the NPs working in the Homeless Healthcare Program.

▶ Method of Service Provision

Communicable disease services are provided by public health nurses, community health specialists, outreach workers, an epidemiologist and a health educator in addition to receiving medical consultation services (e.g. medical epidemiologist). These positions are County and State funded employees. Services are provided by appointment or 'walk-in' basis at all five Health Department locations (Joseph Willard Health Center, Springfield District Office, Mt. Vernon District Office, Falls Church District Office, and the Herndon-Reston District Office) off-site, or in community-based clinics, home visits, and telephone contacts with clients; liaison activities with hospitals, correctional institutions, homeless shelters, and community organizations; and community health education programs. In addition, HIV/AIDS primary care services are delivered by a health care provider under a County contract managed by the Health Department. HIV/AIDS prevention and testing services are provided by Health Department staff as well as community-based organizations (CBO's) that receive grant funding managed by the Virginia Department of Health. The Tuberculosis (TB) program is augmented by three state-funded outreach workers that provide Directly Observed Therapy (DOT) for individuals with suspected and confirmed cases of TB. Two Health Department sites offer chest x-ray services to determine the status of TB infection. Two CHCN sites (North and South County locations) also provide chest x-ray services at no charge to Health Department clients associated with the assessment of TB, based on geographic convenience for the client population. All five Health Department sites offer specimen collection with testing in the central lab to determine TB infectiousness. The aforementioned TB services are available to private physicians in the care of their TB patients at no charge.

Nurse Walk-In Clinics/Nurse and MD Appointment Clinics: Health Department public health nurses and physicians provide services Monday through Friday from 8:00 am to 4:30 pm with early morning (7:30 am) and evening clinic hours (until 6:00 pm) scheduled throughout the week at all five Health Department locations.

X-Ray Clinics: By appointment and limited walk-in hours at four locations (Joseph Willard Health Center, Falls Church District Office, North County CHCN and South County CHCN). Clinics provide chest x-rays to determine TB infection and status of TB disease.

TB/Refugee Clinics: These services are incorporated into the nurse walk-in, nurse appointment and MD appointment clinic schedule. The clinic provides education, monitoring, testing and treatment for clients, including refugees, with TB infection and other health-related issues.

Regional Chest Clinic: Held weekly at one of two Health Department locations (Joseph Willard Health Center and the Falls Church District Office) on Thursday evenings (5 pm to 8 pm). Services include the diagnosis, treatment, follow-up and referral of TB suspects and active TB cases.

STD Clinics: Walk-in clinics are held weekly on specific days and with specific hour's at all five Health Department locations. Evening hours (5 pm – 6:30 pm) are available at two offices (Joseph Willard Health Center and the Springfield District Office). Diagnosis of STD's, including immediate laboratory testing in the clinic setting for some diseases, and treatment for identified STD's are provided during each clinic. Contact tracing and partner notification services occur as follow-up to these clinics.

International Travel Clinic: These services are incorporated into the nurse walk-in, nurse appointment and MD appointment clinic schedules at all five Health Department locations.

HIV Testing and Counseling: Anonymous HIV testing is offered twice monthly at the Joseph Willard Health Center (first and third Wednesdays 5 pm, - 6:30 pm). Confidential HIV testing is offered during nurse walk-in clinics daily, and STD clinics throughout the week at all five Health Department locations.

HIV Testing and Prevention Education: These services are incorporated into the nurse walk-in, and STD clinic schedule at all five Health Department locations. The clinics provide education, testing and referrals for treatment for clients with HIV infection.

HIV Prevention Education: These services are provided to identified high risk populations in community settings. Specialty nurses provide education related to HIV transmission and risk behavior, with focus on prevention.

AIDS Drug Assistance Program: These services are provided to eligible clients' at all five Health Department locations, by appointment. Specialty staff manages the requirements for each client's eligibility, and coordinate through the central pharmacy for delivery of medications to the preferred Health Department location.

▶ Mandate Information

This LOB is federally and state mandated. Sixty-two per cent of the expenditures for the mandated services within this LOB are covered by total revenue. The percentage of this LOB's resources used

to satisfy this mandate is 100 percent. See the *January 2007 Mandate Study*, reference page 35 for the specific state code and a brief description.

71-08: Long Term Care Development and Services

Fund/Agency: 001/71	*Health Department*
LOB #: 71-08	*Long Term Care Development and Services*
Personnel Services	$2,985,461
Operating Expenses	$563,083
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$3,548,544
Federal Revenue	$0
State Revenue	$184,939
User Fee Revenue	$1,076,406
Other Revenue	$23,538
Total Revenue:	$1,284,883
Net LOB Cost:	$2,263,661
Positions/SYE involved in the delivery of this LOB	59 / 59.0

▶ LOB Summary

The Long Term Care (LTC) Development and Services goal is to promote the health and independence of frail elderly and adults with disabilities; to offer an alternative to more restrictive and costly long term care; to provide respite for family caregivers; and to coordinate and implement the County's Long Term Care Strategic Plan. This new cost center was created to represent two distinct roles in the Health Department related to LTC. The Health Department has historically provided LTC services to frail elderly and adults with disabilities, but over the last several years the Health Department has become more involved in building LTC service capacity in the community. The primary role of the Health Department will be to promote public/private relationships in an effort to promote self-sustaining LTC services/programs in response to identified needs in the community.

According to the Long Term Care Task Force Report 2002, 10.4 percent of the Fairfax County population (104,818 persons) was either 65 years or older, or an adult with disabilities in the year 2000. It is estimated that in the year 2010 there be 187,378 people in this group representing 16.8 percent of the County's population. As the aging population continues to grow, the demand for LTC services is expected to increase.

Long Term Care Development

As developed by the county's Long Term Care Task Force and implemented by the Long Term Care Coordinating Council (LTCCC), the purpose of the Long Term Care Development Program is to coordinate and implement the County's Long Term Care Strategic Plan, "Toward a Lifetime of Independence," for older adults and persons with disabilities.

The LTCCC and program staff work together to identify program or service needs and work with community partners to include private for-profits, private non-profits, faith-based organizations, and county agencies to meet these needs. Through the efforts of the LTCCC, the county now has: 1) a new non-profit dedicated to leveraging private funds for the development of long term care programs and services (CareFaxLTC); 2) a day support program for young adults with severe physical disabilities who do not qualify for other support programs; 3) a multi-cultural health access training program for personal care attendants who speak languages other than English; 4) a web-based information service called disAbilityNavigator for persons with disabilities (funded and in development); and 5) a Care Fund to increase the number of assisted living beds available to low income persons (funded and in development).

Major new initiatives include development of the Program of All-Inclusive Care of the Elderly (PACE), which will provide a Medicaid/Medicare-funded alternative to nursing home placement for eligible frail elderly Northern Virginians; a LTC summit for faith-based community service providers to learn how to leverage resources and increase service capacity through education and coalition building; and a web-based application to enhance the registry of direct care workers maintained by the Department of Family Services.

Long Term Care Services:
The goal of Long Term Care Services is to allow frail elderly and adults with disabilities to live in the community of their choice by promoting their health and independence and by providing respite to their family caregivers.

- **Adult Day Health Care (ADHC) Program –** The goal of the ADHC Program is to promote the health and independence of frail elderly and adults with disabilities who need supervision during the day due to cognitive and/ or physical impairments. The average age of the participants is 85, ranging from 38 to 99 years. The six ADHC centers served 327 participants in FY 2007, of which 90 percent met the criteria for more restrictive and costly long term care facilities. Additionally, 94 percent of family caregivers who responded to the Annual Caregiver Satisfaction Survey stated that the ADHC program helped them keep their loved ones at home in the community. This represents a significant cost savings to the family considering that the average annual cost of a nursing home in Northern Virginia is $75,000 (MetLife Report 2005) and the annual cost of attending the ADHC program is $16,120. The value of this program goes well beyond the stated financial benefit as it offers participants the opportunity to socialize, enjoy peer support, and receive health services in a stimulating and supportive environment that promotes better physical and mental health. Finally, it helps functionally impaired adults who need supportive services to improve and/or maintain their independence. According to the Annual Caregiver Satisfaction Survey family caregivers stated that a significant number of participants in the program experienced improvement in their sleep patterns, cognitive function, level of interest in daily life and general health status.

  Participant daily fees are determined by a sliding scale ranging from $9.00 - $68.00 which is based on the State Health Department eligibility scale. The program has increased fees by 2 percent for the last several years and will continue to examine the need for a fee increase on a yearly basis. Medicaid reimburses the program $50.61 per day for participants who meet the criteria established by the Department of Medical Assistance Services (DMAS) for community-based long term care waiver programs. This fee was last increased January 2007.

- **Medicaid Nursing Home Pre-Admission Screening –** Nursing Home Pre-Admission Screening is a Virginia Department of Medical Assistance Services (DMAS) funded program (Medicaid). The program targets individuals who need services typically provided in a nursing home setting. In order to qualify for these services an individual must meet the functional criteria for Medicaid nursing home placement. If an individual meets the functional criteria they may choose to stay at home in the community rather than enter a nursing home. They can request long term care community-based services through Medicaid Waiver Programs enabling them to remain in the community, eliminating the need for more costly nursing home placement. The team conducted 499 screenings in FY 2007 up from 293 screenings in FY 2003. Of those screened 94 percent met the functional criteria for Medicaid services and 85 percent of those screened requested community-based long term care services rather than nursing home placement.

- **LTC Quality Assurance Program** - In 2005 the Virginia General Assembly enacted major legislation (S1183/HB2512) affecting assisted living facilities (ALF), residential facilities designed to provide assistance and care to adults who have limited functional capacities including the aged and disabled. The laws are to be phased in over three years from 2005 to 2008. Following the enactment of the new legislation, amendments were made to the *Standards and Regulations for Licensed Assisted Living Facilities*. In the state of Virginia the licensee/owner and the contracted manager of an ALF are both responsible and accountable for compliance with the *Standards and Regulations for Licensed Assisted Living Facilities* (22 VAC 40-71-50).

  As the licensee/owner of several ALFs, the county is responsible for ensuring compliance with the *Standards and Regulations for Licensed Assisted Living Facility* by the contracted manager (22 VAC 40-71-50). Currently the county owns the Lincolnia and Braddock Glen ALFs and they plan to open another ALF in 2009 at the Lewinsville Senior Housing site. The LTC Quality Assurance Coordinator is a new position that will be responsible for developing and implementing an internal Quality Assurance (QA) Program. This QA program will promote ongoing oversight of county owned ALFs managed through contractual agreements in order to maintain a 3 year license (given to facilities that consistently meet and exceed licensing requirements).

- **Senior + Program** - The 2002 Fairfax County Long Term Care Task Force identified a growing number of seniors in the county who require additional assistance to remain in their homes and continue to participate in community activities. The abilities of these senior adults are such that they do not need the services provided by the Adult Day Health Care (ADHC) Program. However, they also are unable to function independently enough to safely participate in Senior Centers sponsored by the Fairfax County Department of Community and Recreation Services (DCRS). The Senior+ program was developed in order to provide support services to seniors, thus allowing them to remain safely in the Senior Center and delaying the need for a more intense level of services. The Senior + Program targets seniors 55 and older who are residents of Fairfax County, City of Falls Church, or City of Fairfax and require a higher level of assistance to participate in senior center activities.

  In FY 2008 the Senior + Program expanded from 2 to 7 sites, which are located strategically across the county. It is expected that each site will serve on average 30 participants a day.

▶ Method of Service Provision

Long Term Care Development
Through the work of the LTCCC and its committees, the Long Term Care Development Program aims to provide community leadership to promote and assure an accessible, affordable, integrated and dynamic state-of-the-art collaborative system, enabling seniors and adults with disabilities to live independently in the community of their choice and to support the needs of their families, caregivers and service providers.

The LTCCC's four committees are Access, Services for Seniors, Services for Young Adults with Disabilities and Workforce. Each committee meets monthly to assess needs and recommend and develop solutions. The recent accomplishments and new initiatives noted above are the products of the committees' work.

- **LTCCC Staff:** The LTCCC is primarily staffed through the county's Health Department. Staff (program manager, facilitator and management analyst) oversee the activities of the LTCCC, prepare and update the Strategic Plan, and operate and oversee the county's grant programs for LTC: the Fairfax County Incentive Fund, which has distributed $300,000 to private non-profits to begin new, innovative LTC services; and the Care Fund, which will offer $500,000 to a private assisted living provider to match with an additional $1 million of its own funds to provide assisted living care to low income persons who do not qualify for other assistance and could not afford care themselves. Both funds were initiated with a one-time investment by the Fairfax County Board of Supervisors, with the possibility of additional funding in the future.

- **CareFaxLTC** is a new non-profit envisioned in the Strategic Plan and created by the LTCCC's executive board. CareFaxLTC opened in May 2007 and has hired an executive director who is working in the community to develop partnerships and raise funds for LTC services. CareFaxLTC will be the sponsor for the faith-based services summit and has obtained donated conference center space from George Mason University for the June 11, 2008 event. CareFaxLTC is also working to develop the direct care workers' web-based registry, in partnership with SeniorNavigator, the Workforce Committee and the county's Department of Family Services. CareFaxLTC was initially funded by the Fairfax County Board of Supervisors, with the intent that the organization will become self-sustaining through its fund raising and partnership efforts.

Long Term Care Services:

- **ADHC Program** is provided directly by County employees in six centers. Hours of operation are 7:00 a.m. – 5:30 p.m. Monday – Friday. Participants attend a minimum of two days a week. The Health Department also offers a Saturday Center-Based Respite Program alternating between two of the ADHC centers from 9:00 a.m. – 4:30 p.m. The center maintains a minimum staff ratio of one staff member to six participants. The centers are licensed by the Department of Social Services and all six centers have been issued a three year license, which is reserved for facilities that consistently provide quality care and exceed licensing requirements. Services at each center are provided by a multidisciplinary team consisting of a registered nurse responsible for health monitoring, a nurse responsible for managing the day-to-day operation of the program and participant intake, a recreation therapist and 5 program assistants responsible for implementing therapeutic activities.

- **Medicaid Nursing Home Pre-Admission Screening Program** - In order to determine if an individual meets the functional criteria for the long term care Medicaid services they must be screened by a team that consists of a Health Department physician, public health nurse and a Department of Family Services social worker. A joint home visit is made by the public health nurse and the social worker to complete the Universal Assessment Instrument (UAI), the screening tool required by DMAS. Following the home visit assessment, the screening packet is submitted to the Health Department's medical officer for review and signature. A formal letter of notification is sent to the family stating the outcome of the assessment. If the screening team determines that the individual meets the functional criteria, they will be referred to a Department of Family Services eligibility worker to determine if they meet the financial criteria. Medicaid long term care services are coordinated by the social worker. Medicaid reimburses the Health Department $51.75 per screening conducted. The Department of Medical Assistance Services (DMAS) conducted a cost analysis this year and based on the results of the study submitted recommendations to the General Assembly to increase the rate per screening to $134.84.

- **LTC Quality Assurance Program** – The LTC Quality Assurance Coordinator, a public health nurse, will develop a comprehensive quality assurance program to evaluate and monitor county owned assisted living facilities and other LTC regulated care settings. This position will also function as the leader of the county's interagency Assisted Living Facility Quality Assurance Committee.

- **Senior +** - The contractor will operate the seven Senior + program sites and provide oversight and staff supervision in accordance with all Department of Community and Recreation Services' policies and procedures. The contractor will assign a Senior + Program Team consisting of a recreation therapist, mental health therapist and registered nurse to each Senior + program site.

  The Senior + Program County Coordinating Team consisting of a recreation therapist, a mental health therapist and a public health nurse will oversee all seven Senior + program sites. They will all be responsible for performance management, orientation of contract staff, quality assurance, and program oversight.

  The public health nurse on the Senior + program county coordinating team will be specifically responsible for the following:

  - Directing and monitoring the health aspects of the Senior + program.

  - Responding to programmatic problems related to nursing services and working with contract staff to resolve issues.

  - Maintaining up to date knowledge of evidenced based health promotion and prevention strategies and working with contract staff to implement innovative programs within the Senior + program.

  - Researching and forecasting health needs of participants in the Senior + program and working with contract staff to develop initiatives to address needs.

  - Monitoring compliance with best practices regarding health promotion and

prevention initiatives for seniors; resolving non-compliance issues as observed.

▶ Mandate Information

Long Term Care Development and Services – Nursing Home Pre-Admission Screening is the only state mandated service within this LOB. Twenty-five per cent of the expenditure for this mandated service is covered by user fees and state revenue. The percentage of this LOB's resources used to satisfy this mandate is 10 percent. See the *January 2007 Mandate Study*, reference page 35 for the specific state code and a brief description.

71-09: Community Health Care Network

Fund/Agency: 001/71	*Health Department*
LOB #: 71-09	***Community Health Care Network***
Personnel Services	$654,126
Operating Expenses	$8,315,155
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$8,969,281
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$8,969,281
Positions/SYE involved in the delivery of this LOB	9 / 9.0

▶ LOB Summary

The Community Health Care Network (CHCN) provides comprehensive and continuing primary health care to over 15,000 low-income, uninsured patients enrolled in the program. To ensure appropriate and cost effective health care, the program utilizes a managed care model. Primary care is delivered at three County Health Centers by physicians and mid-level providers. Upon referral by the primary care practitioner, patients obtain medical specialty care from private physicians who participate in an organized pro-bono/nominal reimbursement charity care network. The vast majority, 93 percent, of the participants are adults, most of who are working or are being supported by someone who is working. All participants have gross family incomes at or below 200 percent of the Federal Poverty Guidelines.

CHCN started in 1990 in response to the growing need to provide basic health care to the low-income, uninsured, "working poor" that have no access to health care. CHCN is modeled to leverage free or reduced care from physicians in the community, local hospitals, and pharmaceutical companies. For example, in FY 2007, $4.5 million in "free" medications were obtained from pharmaceutical companies on behalf of patients.

The majority of the funding is from the County General Fund. However, the operating costs reflect "net" figures as the contract vendors are mandated to collect user fees from their patients, bill the Cities of Fairfax and Falls Church for visits by their residents, and bill for disability determination evaluations. In FY 2007, $446,706 was collected in total from these sources to offset costs.

CHCN contributes significantly to preventing and minimizing the impact of new and emerging communicable diseases and other health threats. For example, in FY 2007, 89 percent of the women between ages of 40-69 enrolled in CHCN were provided a mammogram during a two-year treatment period. CHCN has many collaborative efforts with other County agencies and community based organizations, and companies to help facilitate access to the program and to leverage resources that help increase the quality, availability, and accessibility of health care. In FY 2007, over 47,000 primary care visits were delivered to CHCN participants. Another formal mechanism by which the CHCN partners with the community is through its Community Advisory Committee, which has members from referring agencies, the academic community, not-for-profit organizations, mental health services, and interested citizens.

The number of uninsured working poor continues to increase. There is no foreseeable end to the increase in uninsured as the cost of health care continues to rise and many companies decide they can no longer afford to provide insurance coverage for their employees. This is particularly the case with small businesses nationwide and in Fairfax County. While health costs continue to increase well beyond the average CPI, CHCN has been able to maintain cost controls, primarily as a result of a program that was implemented to obtain free pharmaceuticals offered by most of the pharmaceutical companies.

▶ Method of Service Provision

CHCN utilizes a contract services model for the staffing and operating expenses of the primary care centers, reference laboratory tests, prescription drug medications, and physician specialist services. The only functions of this program that are not contracted are the direct provision of management and support, enrollment/eligibility determination, and medical social work services by County employees. This directly provided component allows the Health Department administration a needed measure of program control and accountability.

▶ Mandate Information

There is no federal or state mandate for this LOB.

71-10: Dental Health

Fund/Agency: 001/71	*Health Department*
LOB #: 71-10	***Dental Health***
Personnel Services	$468,902
Operating Expenses	$38,978
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$507,880
Federal Revenue	$0
State Revenue	$92,469
User Fee Revenue	$79,686
Other Revenue	$11,769
Total Revenue:	$183,924
Net LOB Cost:	$323,956
Positions/SYE involved in the delivery of this LOB	4 / 4.0

▶ LOB Summary

The Dental Health Program provides screening/evaluation, preventive and restorative dental care to low-income children, age 3 years through 18 years of age. Oral health education is provided, upon request, to schools, pre-schools and child care centers.

Access to dental care remains a challenge for low-income uninsured children and adults throughout the region. The participation level of the dental community in the Children's Health Insurance (Medicaid-FAMIS) program varies. Currently, the Dental Program is open to both uninsured and FAMIS covered children. Once this population is served, if funds are still available the Dental Program will begin offering services to low-income, uninsured pregnant women – a population presently underserved within the region but whose poor dentition can cause health programs in newborns.

▶ Method of Service Provision

Dental services are provided at three locations in the County – North County, South County and at the Joseph Willard Health Center in Fairfax. Patients are seen by appointment only and must meet financial eligibility criteria for care and parents need to be present. Hours of operation are 8:00 a.m. – 4:30 p.m. Monday through Friday except holidays.

▶ Mandate Information

There is no federal or state mandate for this LOB.

71-11: Program Management

Fund/Agency: 001/71	*Health Department*
LOB #: 71-11	***Program Management***
Personnel Services	$734,361
Operating Expenses	$1,030,121
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,764,482
Federal Revenue	$0
State Revenue	$92,469
User Fee Revenue	$567,078
Other Revenue	$11,769
Total Revenue:	$671,316
Net LOB Cost:	$1,093,166
Positions/SYE involved in the delivery of this LOB	9 / 9.0

▶ LOB Summary

The purpose of Program Management is to assure that the agency meets the needs of the community, addresses the emerging and ongoing challenges of public health threats and maintains a work environment that maximizes productivity and abides by the agency's core values.

Since 2001, the infrastructure has been strengthened by the addition of a Public Information Officer, an Informatics Manager, and a Deputy Director for Operations and a Strategic Planner.

The core functions of public health, consistent with the strategic goals outlined in the LOB narrative, continue to be the main focus of all programs and activities. To accomplish and sustain new initiatives, emphasis is placed on partnering with various segments of the population/community based organizations/county agencies and local private health care entities.

The strengthened infrastructure has provided expertise to the planning, development and evaluation of such initiatives and/or new services.

In late FY 2008, a comprehensive community health assessment will be initiated, led by Program Management staff, which will be combined with the County's Balanced Scorecard approached to set the direction of the agency the next 5-10 years.

▶ Method of Service Provision

Program Management staff participate on local, regional, metro, federal and state committees, task forces, commissions. They have direct accountability for compliance with all regulations/laws related to service delivery regardless of source of origin.

▶ Mandate Information

The only service within this LOB mandated by State Law is Vital Records (issuing and registering death certificates, Code 32.1-254). The percentage of this LOB's resources used to satisfy this mandate is 10 percent. See the *January 2007 Mandate Study*, reference page 35 for the specific state code and a brief description.

71-12: Office of Emergency Preparedness

Fund/Agency: 001/71	*Health Department*
LOB #: 71-12	*Office of Emergency Preparedness*
Personnel Services	$214,729
Operating Expenses	$85,117
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$299,846
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$299,846
Positions/SYE involved in the delivery of this LOB	3 / 3.0
Grant Positions/SYE involved in the delivery of this LOB	2 / 2.0

▶ LOB Summary

Purpose

Fairfax County Health Department established the "Office of Emergency Preparedness" (OEP) in August, 2006 in response to increasingly complex requirements for public health emergency preparedness capabilities. The OEP is purposed to provide comprehensive planning, training, and exercise activities to enhance the department's public health emergency preparedness and response capabilities. The OEP also provides administrative oversight of grants, budgets, personnel, and interagency coordination related to public health emergency preparedness to insure all activities are cost-effective and integrated with allied governmental and non-governmental agencies.

Background

Following the 9/11 terrorist attacks and an act of domestic bioterrorism involving anthrax spores in the fall of 2001, the need for unprecedented public health preparedness was recognized.. Shortly thereafter, public health was designated as a "first responder" Since that time, federal, state, and regional public health initiatives to prepare for future terrorist acts have expanded dramatically. The trend toward further enhancing public health emergency preparedness and response capabilities has continued with the emergence of novel infectious diseases such as SARS, and West Nile Virus. Faced with the possibility of a worldwide influenza pandemic, public health has once again been thrust to the forefront of emergency preparedness and response. In 2004 the President signed

"Homeland Security Presidential Directive 10" which states, in part, "…we are building on the progress of the past three years to further improve the preparedness of our public health and medical systems to address current and future BW (bioweapons) threats and to respond with greater speed and flexibility to multiple or repetitive attacks."

Initiatives & Accomplishments

- Continuity of Operations Planning (COOP) – Completed the COOP planning process; activated the COOP for an electrical fire at Joseph Willard Health Center; completing staff training and table-top exercises with supervisors and managers.

- Cities Readiness Initiative – Led interagency planning effort to produce a mass dispensing plan for rapid distribution of antibiotics; completed table-top exercise with 75 federal, state, regional agency partners; conducted exercise to evaluate "Volunteer Mobilization Center" and "Quick Distribution Center" functions.

- Pandemic Influenza Community Outreach - Conducted 10 major Pandemic Influenza training events for diverse groups such as childcare providers, social service agencies, physicians, and small businesses; participated in outreach events with numerous smaller groups; conducted fit-testing of respirators with physicians countywide.

- Medical Reserve Corps – conducted numerous volunteer training programs to include two full-scale exercises and one leadership workshop.

Funding Sources

The majority of the OEP budget is from general fund, but a substantial amount ($294,900) of grant funding from federal sources is received for projects:

- Public Health Emergency Preparedness (Department of Homeland Security)

- Cities Readiness Initiative – (Centers for Disease Control)

- Emergency Preparedness Focus Area A & B – (Centers for Disease Control)

Strategic Plan Goals

The OEP is directly involved in several key objectives detailed under Fairfax County Health Department's Strategic Plan "Goal 1 – Threats to Public Health: Prevent or minimize impact of new and emerging diseases and other public health threats."

Future Issues

Most of the Health Department's current preparedness and response capabilities are in formative or early developmental stages. Future efforts will focus on strengthening capabilities, refinement of procedures, and conducting more in-depth training and exercises.

▶ Method of Service Provision

Planning, Training, Exercise, Coordination, Volunteer Recruitment, Community Education.

▶ Mandate Information

Fulfills directive from Homeland Security that State and local entities develop plans for emergency events; public health designated as a first responder along with public safety (Homeland Security Presidential Directive 10, 2004). The percentage of this LOB's resources used to satisfy this mandate is 100 percent. See the *January 2007 Mandate Study*, reference page 35 for the specific state code and a brief description.

AGENCY PERFORMANCE MEASURES

Objectives

- To complete preventative and restorative dental treatment within a 12 month period for at least 50 percent of the children seen.

- To maintain the percentage of regulated food establishments that are inspected on a frequency that is based on the food borne risk potential of the establishment (high risk establishments be inspected three times a year, moderate risk twice a year, and low risk once a year) and reduce by 1percent the number of establishments that are closed, due to major violations of the Food Code, from 4.5 percent towards a target of 0 percent closures in future fiscal years.

- To maintain the percentage of improperly installed water well supplies that pose the potential for water-borne diseases that are corrected within 30 days at 53.9 percent or better and to move towards a target of 60.0 percent in FY 2009.

- To maintain the percentage of improperly installed or malfunctioning sewage disposal systems that pose a potential for sewage-borne diseases that are corrected within 30 days at 87.4 percent and to move towards a target of 90.0 percent in FY 2009.

- To maintain the percentage of complaints dealing with rats, cockroaches, and other pest infestations; trash and garbage control; and a variety of other general environmental public health and safety issues that are resolved within 60 days at 65.2 percent and to move towards a target of 70.0 percent in FY 2009 and 90 percent in future years.

- To suppress the transmission of West Nile virus, known to be carried by infected mosquitoes, in the human population and hold the number of human cases as reported by the Virginia Department of Health to no more than three cases.

- For the Communicable Disease (CD) Program, to ensure that 95 percent of all tuberculosis (TB) cases will complete treatment; ensure that 95 percent of completed communicable disease investigations need no further follow-up; and to reduce the incidence of (TB) to 10.0/100,000 and to move toward the Healthy People 2010 objective of 1.0/100,000 population.

- To ensure that 30 percent of clients served in the Homeless Medical Services Program experience improved health outcomes.

- To recruit, train and retain an additional 500 Medical Reserve Corps (MRC) Volunteers per year while retaining the existing membership. In FY 2008 the estimate changed from 1400 to 500.

- To insure all Health Department personnel achieve and maintain compliance with Incident Command Systems (ICS) training requirements of the National Incident Management System (NIMS) as promulgated and updated annually by the Department of Homeland Security.

- To conduct community outreach and education activities with hard to reach populations and service providers to increase the practice of preventative behaviors and level of preparedness in the community to the threat of pandemic influenza, bioterrorism attack, and other public health threats, targeting a minimum of 2,000 individuals.

- To accommodate an increase in patient visits to 49,000, a level still within the maximum allowed under the existing contract with the contract provider, and to ensure that 90 percent of female patients age 40-69 treated over a two-year period receive a mammogram and 90 percent of individuals with diabetes receive an annual neuropathy exam.

- To improve the immunization rate of children served by the Health Department to 80 percent, toward the Healthy People 2010 goal of 90 percent.

- To maintain the low birth weight rate for all Health Department clients at 4.8 percent or below.

- To ensure that seventy-five percent of Speech Language Pathology clients will be discharged as corrected/no further follow-up required.

- To maintain certification with federal agencies and to ensure a high level of testing quality by maintaining a 95 percent scoring average on accuracy tests required for certification.

- To make it possible for 95 percent of residents to avoid needless rabies post-exposure shots by the timely receipt of negative lab results by maintaining the percentage of rabies tests involving critical human exposure that are completed within 24 hours (potentially saving residents the expense of needless shots) at 95 percent.

- To implement health plans for at least 65 percent of students with identified needs within five school days of the notification of the need, toward a target of 95 percent, and to maintain the on-site availability of a Clinic Room Aide (CRA) on 98 percent of school days.

- To provide adult day health care services to 411 frail elderly and adults with disabilities, so that 90 percent of their family caregivers are able to keep them at home, in the community, preventing the need for more costly and often less desirable long-term care options.

- To expedite access to needed services by providing Medicaid Nursing Home Pre-Admission screening for at least 95 percent of impaired adults within 10 working days of the request for screening.

- To maintain the monitoring index at 95 percent or better.

Health Department

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Web site visits	281,177	281,000 / 310,478	300,000	341,500	71-11
New patients visits	986	1,300 / 1,636	1,300	1,300	71-10
Total visits	2,370	3,900 / 3,596	3,900	3,900	71-10
Patients screened	1,192	1,200 / 449	600	600	71-10
Education sessions	225	230 / 997	300	300	71-10
Regulated food establishments	3,232	3,030 / 3,108	3,100	3,150	71-01
Water well supply services provided	3,839	3,800 / 3,134	3,200	3,300	71-01
Sewage disposal system services provided	7,635	7,600 / 5,623	5,700	6,000	71-01
Community health and safety complaints investigated	2,511	2,600 / 2,459	2,500	2,500	71-01
Stormwater catch basins treated with mosquito larvicide	113,117	125,000 / 101,118	115,000	115,000	71-01
Clients served in tuberculosis (TB) screening, prevention and case management	14,909	14,500 / 18,105	18,100	18,200	71-07
Communicable disease (CD) cases investigated	1,439	1,400 / 2,413	2,500	2,500	71-07
Clients served through the Homeless Medical Services Program	NA	NA	1,550	1,600	71-07
Emergency preparedness: Health Department staff and community Medical Reserve Corps volunteers completing an initial public health emergency education and training session*	1,737	1,400 / 141	500	NA	71-12
Number of outreach and education "contacts" (defined as a person who attends a seminar, summit, or public health fair)	NA	NA	NA	2,000	71-12
Number ICS/NIMS training slots provided by OEP staff	NA	NA	NA	500	71-12
Primary care visits	48,032	48,250 / 47,022	49,000	49,000	71-09
Immunizations: Children seen	21,920	25,000 / 20,946	22,000	22,000	71-05
Immunizations: Vaccines given	39,762	45,000 / 44,775	45,000	45,000	71-05
Maternity: Pregnant women served	2,621	2,600 / 2,653	2,700	2,700	71-04
Speech Language: Client visits	2,751	3,400 / 2,502	2,700	3,000	71-05
Tests reported	238,834	210,000 / 243,205	220,000	220,000	71-02
Rabies tests reported	706	700 / 828	700	700	71-02
Students in school (academic year)/sites	163,534 / 188	165,000 / 189 / 163,593/189	165,000 / 189	164,500/189	71-06
Students in summer school, community-based recreation/programs/sites	52,525 / 136	53,500 / 130 / 66,461/140	50,000 / 130	55,000/135	71-06
Students with health plans	47,522	45,000 / 44,285	48,000	44,000	71-06
Students with new health plans	18,371	20,500 / 15,564	20,000	15,000	71-06
Total health plans implemented	45,774	45,000 / 43,308	45,000	44,000	71-06

Health Department

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Visits to clinic of sick/injured and for medicine	768,986	800,000 / 749,367	760,000	765,000	71-06
Clients served per day	121	150 / 127	155	155	71-08
Clients per year	339	403 / 327	411	411	71-08
Operating days	248	248 / 248	248	248	71-08
Medicaid Pre-Admission screenings completed per year	501	400 / 499	525	525	71-08
Clients surveyed	179	200 / 195	205	205	71-08
Measurements made	321,323	320,000 / 306,299	320,000	320,000	71-01
Efficiency:					
Ratio of visits to Web site maintenance hours	NA	NA / NA	400:1	500:1	71-11
Cost per visit	$152.00	$153.00 / $173.00	$169.00	$176.00	71-10
Net cost to County	$107.00	$109.00 / $118.00	$119.00	$126.00	71-10
Regulated food establishments / Specialist	202:1	189:1 / 207:1	207:1	210:1	71-01
Water well services / Specialist	384:1	380:1 / 313:1	320:1	330:1	71-01
Sewage disposal system services/ Specialist	764:1	760:1 / 562:1	570:1	600:1	71-01
Community health and safety complaints / Specialist	358:1	371:1 / 351:1	357:1	257:1	71-01
West Nile virus program cost per capita	$1.05	$1.10 / $1.66	$1.63	$1.63	71-01
TB care: Total cost per client	$108	$130 / $105	$110	$118	71-07
TB care: County cost per client	$44	$64 / $52	$57	$66	71-07
CD investigations: Total cost per client	$220	$426 / $280	$326	$350	71-07
CD Investigations: County cost per client	$118	$225 / $165	$184	$211	71-07
Clients evaluated by the Nurse Practitioner	NA	NA	1:388	1:400	71-07
Emergency preparedness: Total cost per individual trained	$124	$167 / $386	$116	NA	71-12
Emergency preparedness: County cost per individual trained	$98	$149 / $248	$55	NA	71-12
Cost of PanFlu Outreach expenditures divided by the number of "contacts"	NA	NA	NA	$10	71-12
ICS NIMS training cost expended per Health Department staff member	NA	NA	NA	$24	71-12
Net cost to County per visit	$177	$189 / $174	$199	$199	71-09
Immunizations: Cost per visit	$21	$20 / $23	$19	$20	71-05
Immunizations: Cost per visit to County	$18	$16 / $17	$13	$14	71-05
Immunizations: Cost per vaccine administered	$12	$11 / $11	$10	$11	71-05

Health Department

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Efficiency:					
Immunizations: Cost to County per vaccine administered	$10	$9 / $8	$7	$8	71-05
Maternity: Cost per client served	$527	$517 / $505	$459	$481	71-04
Maternity: Cost per client to the County	$237	$227 / $369	$332	$353	71-04
Speech Language: Net cost per visit	$172	$144 / $197	$191	$245	71-05
Average cost/all tests	$4.58	$5.04 / $4.32	$4.85	$5.15	71-02
Cost/rabies test	$69.06	$71.75 / $61.73	$76.88	$78.75	71-02
Students/PHN ratio	3,028:1	2,895:1 / 2870:1	2,700:1	2,700:1	71-06
Students with health plans in place within 5 days of notification	10,885	12,710 / 9,328	12,800	9,000	71-06
Health plans/PHN ratio	880:1	789:1 / 760:1	800:1	800:1	71-06
Large group training sessions/number attending	30 / 1,842	55 / 3,000 / 50/1,502	25 / 2,000	40/1,500	71-06
Cost of service per client per day	$91.00	$98.00 / $104.00	$98.00	$101.00	71-08
Net cost per client to the County	$61.00	$70.00 / $72.00	$70.00	$72.00	71-08
Medicaid cost per service unit	$151	$190 / $150	$153	$172	71-08
Medicaid net cost to County	$103	$138 / $100	$101	$120	71-08
Program cost per capita	$0.244	$0.165 / $0.176	$0.168	$0.167	71-01
Service Quality:					
Percent of Web site users satisfied with the information and format	NA	NA / NA	80%	80%	71-11
Customer satisfaction index	97%	97% / 97%	97%	97%	71-10
Percent of regulated food establishments inspected at least once every 6 months*	100.0	100.0 / 96.0	NA	NA	71-01
Average number of inspections to correct out-of-compliance water well supplies	1.2	1.2 / 1.2	1.2	1.2	71-01
Average inspections to correct out-of-compliance sewage disposal systems	2.9	3.0 / 2.9	3.0	3.0	71-01
Percent of community health and safety complaints responded to within 3 days	64.7%	65.0% / 65.2%	65.0%	70.0%	71-01
Percent of target areas treated in accordance with the timetable	100%	100% / 100%	100%	100%	71-01
Percent of regulated food establishments risk-based inspections that were conducted on time*	NA	NA / NA	90.0%	95.0%	71-01
Percent of community medical providers treating TB patients that are satisfied with the Health Department's TB Program	100%	95% / 100%	95%	95%	71-07

Health Department

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Service Quality:					
Percent of individuals at highest risk for CD transmission provided screening, prevention education and training	97%	95% / 98%	95%	95%	71-07
Percent of clients who return for a follow-up visit	NA	NA	30%	33%	71-07
Percent of individuals who express feeling confident to respond to a public health emergency following education and training	97%	95% / 95%	95%	NA	71-12
Percentage of "contacts" who evaluate their educational experience as "good" to "excellent"	NA	NA	NA	95%	71-12
Percentage of Health Department who evaluate their ICS/NIMS training experience as "Good" or "Excellent"	NA	NA	NA	95%	71-12
Percent of clients satisfied with their care at health centers	92%	95% / 98%	95%	95%	71-09
Percent of clients whose eligibility is determined on the first enrollment visit	NA	NA / NA	NA	NA	71-09
Percent of clients whose eligibility determination is accurate	93%	95% / 97%	95%	95%	71-09
Immunizations: Percent satisfied with service	98%	97% / 97%	97%	97%	71-05
Maternity: Percent satisfied with service	97%	97% / 97%	97%	97%	71-04
Speech Language: Percent of survey families who rate their therapy service as good or excellent	100%	100% / 100%	100%	100%	71-05
Percent of laboratory clients satisfied with service	97%	95% / 98%	95%	95%	71-02
Percent of rabies tests involving critical human exposure completed within 24 hours	99%	95% / 99%	95%	95%	71-02
Percent of parents satisfied with services	99.4%	99.0% / 99.5%	99.0%	99.0%	71-06
Percent of students receiving health support from CRAs	95.0%	95.0% / 94.0%	95.0%	95.0%	71-06
Percent of clients/caregivers satisfied with service	100%	100% / 100%	100%	100%	71-08
Percent of clients who received a Medicaid Pre-Admission screening who indicated that they were satisfied with the service	95%	95% / 95%	95%	95%	71-08
Data accuracy	3.7%	3.8% / 3.6%	5.0%	5.0%	71-01

Health Department

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Outcome:					
Percent of users giving Web site a rating of Very Helpful or better	NA	NA / NA	80%	80%	71-11
Percent of treatment completed within a 12 month period	38%	50% / 33%	50%	50%	71-10
Percent of food establishments closed due to major violations	7.0%	6.0% / 4.5%	4.5%	4.5%	71-01
Percent of out-of-compliance water well supplies corrected within 30 days	50.7%	55.0% / 53.9%	55.0%	60.0%	71-01
Percent of out-of-compliance sewage disposal systems corrected within 30 days	86.7%	90.0% / 87.4%	90.0%	90.0%	71-01
Percent of community health and safety complaints resolved within 60 days	63.4%	65.0% / 65.2%	65.0%	70.0%	71-01
Confirmed human cases of West Nile virus in Fairfax County, Fairfax City, and Falls Church City as reported by the Virginia Department of Health	0	3 / 1	3	3	71-01
Rate of TB Disease/100,000 population	8.9	8.9 / 11.5	8.9	10.0	71-07
Percent of TB cases discharged completing treatment for TB disease	98%	95% / 92%	95%	95%	71-07
Percent of completed CD investigations needing no further follow-up	99%	95% / 98%	95%	95%	71-07
Percent of clients with improved health outcomes	NA	NA	30%	30%	71-07
Number of active Medical Reserve Corps Volunteers	3,542	4,600 / 3,554	4,054	NA	71-12
Increase in the number of at-risk persons with enhanced preventative behavior and/or increased level of preparedness	NA	NA	NA	2,000	71-12
Percentage of Health Department staff meeting established ICS/NIMS training requirements.	NA	NA	NA	95%	71-12
Percent of enrolled women age 40-69 provided a mammogram during two-year treatment period	79%	80% / 89%	80%	90%	71-09
Percent of patients with diabetes who receive an annual neuropathy exam	74%	80% / 87%	80%	90%	71-09
Immunizations: 2 year old completion rate	78%	80% / 77%	80%	80%	71-05
Maternity: Overall low birth weight rate	4.7%	4.8% / 4.6%	4.8%	4.8%	71-04
Speech Language: Percent of students discharged as corrected; no follow-up needed	73%	77% / 82%	75%	75%	71-05

Health Department

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Outcome:					
Average score on accuracy tests required for certification	98%	95% / 97%	95%	95%	71-02
Certifications maintained	Yes	Yes / Yes	Yes	Yes	71-02
Percent citizens saved from needless rabies post-exposure shots by timely receipt of negative lab results	99%	95% / 99%	95%	95%	71-02
Percent of students with health plans in place within 5 days of notification	59.0%	62.0% / 60.0%	64.0%	65.0%	71-06
Percent of school days CRA is on-site	97.0%	98.0% / 96.0%	98.0%	98.0%	71-06
Percent of family caregivers who state that ADHC enables them to keep their loved one at home in the community	94%	90% / 90%	90%	90%	71-08
Medicaid Pre-Admission screenings: Percent of screenings initiated within 10 working days of referral	100%	95% / 100%	95%	95%	71-08
Air pollution monitoring index*	98.0%	96.0% / 91.0%	96.0%	96.0%	71-01

*The inspection frequency of regulated food facilities will change from once every 6 months to an inspection frequency based on the facility's food borne risk factor. Studies have shown that high risk establishments (those with complex food preparation; cooking, cooling and reheating) which are approximately 50 percent of Fairfax County restaurants, are to be inspected at a greater frequency than low risk establishments (limited menu/handling) to reduce the incidence of food borne risk factors. Food and Drug Administration (FDA) recommends that high risk establishments be inspected three times a year, moderate risk twice a year, and low risk once a year.